

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

01 JUN 2006

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
5		2		/		/
6		0		/		/
7		0		/		/
8		0		/		/
9		0		/		/
10		0		/		/
11		0		/		/
12		1		/		/
13		/		/		/
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TOTAL IND.	1		1		1	
TOTAL DEP.	15		14		14	
TOTAL CLAIMS	10		15		15	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						